

Medi-Cal Program Guide Letter #648

September 11, 2008

Subject	ARTICLE A – IMPLEMENTATION OF THE MAIL-IN PROCESS FOR COUNTY MEDICAL SERVICES (CMS) RECERTIFICATIONS
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Effective Date	September 01, 2008
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Reference	County Policy
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Purpose	<p>To inform and provide staff with instructions regarding:</p> <ul style="list-style-type: none">• the implementation of the mail-in process at recertification;• new forms;<ul style="list-style-type: none">○ HHSA:CMS-101A (Attachment A)/HHSA:CMS-101A(SP) (Attachment B) CMS Mail-In_Recertification Cover Letter;○ HHSA:CMS-101(Attachment C1-C2)/HHSA:CMS-101(SP) (Attachment D1-D2)CMS Mail-in Recertification Form;○ HHSA:CMS-34F(Attachment G)/HHSA:CMS-34F(SP) (Attachment H) CMS Informing Letter; and• HHSA:CMS-39A(Attachment E)/HHSA:CMS-39A (SP) (Attachment F) County Medical Services Notice of Action form revision.
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Background	<p>Currently, all CMS beneficiaries requesting a recertification of CMS benefits must call the CMS Eligibility Appointment Line to schedule an appointment for a face-to-face interview.</p>
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A CMS beneficiary requesting a recertification must:

- have an ongoing medical/dental need;
- submit the completed CMS Medical/Dental Need Form (HHSA:CMS-127) to Administrative Services Organization (ASO) prior to requesting their next recertification appointment; and
- continue to meet the CMS eligibility criteria without a one (1) month break in certification.

Recertification is defined as a beneficiary who continues to meet the CMS eligibility criteria without a one (1) month break in certification.

If there is a break in certification of 1 month or more, the application is considered a reapplication.

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Change

All CMS non-chronic beneficiaries whose current CMS certification is due to expire on or after August 31, 2008, will be given the option of completing their next recertification by mail.

Beneficiaries must call the CMS Eligibility Appointment Line by the 10th of the month following the CMS expiration month to request a mail-in recertification form. If they call after the 10th of the month following the CMS expiration month, they will be given a face-to-face interview appointment.

Face-to-Face Interview Requirements

- A face-to-face interview will no longer be required for a non-chronic recertification.
- There is a maximum of one (1) mail-in recertification within a 12 month period.
- Beneficiaries will be given the option to complete their upcoming recertification by mail.
- A face-to-face interview is required at all yearly certifications/recertification for non-chronics and chronic patients.
- Face-to-Face interviews are required for all initial applications and reapplications.

HHSA:CMS 39A/HHSA:CMS39A (SP) COUNTY MEDICAL SERVICES NOTICE OF ACTION.

The CMS eligibility approval NOA has been revised to include the mail-in recertification information. In addition to providing the completed Medical/Dental Need Form (CMS-127), the beneficiary must call the CMS Eligibility Appointment Line by the 10th of the month following the month their CMS expires to request the CMS recertification appointment to be evaluated for a mail-in recertification option.

HHSA:CMS-34F/HHSA:CMS34F(SP) CMS INFORMING LETTER

The CMS Informing Letter was created to inform the CMS beneficiary newly identified at recertification, not been previously referred to Medi-Cal, that they are now potentially linked to disability based Medi-Cal and CMS regulations require that they must apply for and fully complete the Medi-Cal disability application process for full scope Medi-Cal to be entitled to future CMS benefits.

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Mail-in Recertification

Recertifications may be completed by mail, except for the following:

- There is a break in certification of one (1) month or more.
- The prior recertification was completed by mail.
- The certification has expired in excess of one (1) month.
- IDX comments indicate mail returned by the U.S. Postal Service.
- Beneficiary calls after the 10th of the month following the CMS expiration month.
- A beneficiary who:
 - Has been identified on IDX having *DO NOT RECERT* or "CALL BEFORE RECERT" alert;
 - Is Homeless;
 - Requests a face-to-face interview; or
- When the worker determines good cause exists to require a face-to-face interview, including but not limited to:
 - Questionable information on the recertification mail-in form or verifications provided; or
 - The worker needs to confirm that fraud is not being committed and requests the beneficiary attend a face-to-face interview.

The worker will call the ASO and schedule a face-to-face interview for the beneficiary at one of the CMS Eligibility sites. The recertification mail-in application will remain in a "pending" status until the beneficiary attends the face-to-face interview and all issues are resolved before the beneficiary is entitled to any future CMS benefits.

Administrative Services Organization (ASO) Required Action

Beneficiaries calling the CMS Eligibility Appointment Line because their certification is due to expire on or after August 31, 2008 will be given the option to complete their recertification by mail.

The table below shows the actions ASO must take before mailing the recertification packet.

Step	Action
1	Verify the CMS Medical/Dental Need Form (CMS-127) was received.
2	Verify there is not a break in certification of one (1) month or more.
3	Verify there is not a *DO NOT RECERT* or *CALL BEFORE RECERT* alert.

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**Administrative
Services
Organization
(ASO)
Required
Action
(continued)**

Step	Action
4	Verify the prior recertification was not completed by mail. <ul style="list-style-type: none">• If IDX indicates a mail-in application/recertification is required as outlined in MPG Article A-2-3.B.1; this item does not apply.
5	Confirm the call is received by the 10 th of the month following the CMS expiration month.
6	Verify mailing address and phone number is correct on IDX.
7	Complete the CMS Recertification Cover Letter (CMS-101A) the same day the call is received.
8	Date stamp the "County Use Only/Date Form Mailed" section located at the top of the CMS Mail-in Recertification Form when call received.
9	Mail out the assembled recertification packet to the beneficiary the same day the call is received.
10	Document receipt of the call and recertification mail-in packet mailed to beneficiary by updating the Patient Inquiry "S"-Customer Service screen in IDX.
11	Advise the beneficiary they have fifteen (15) business days to return the completed mail-in form and any required documentation and/or verifications by using the postage-paid envelope enclosed in the packet.

"DO NOT RECERT" or "CALL BEFORE RECERT" alert:

- ASO will tell the caller what the alert is for and advise the caller of steps to take to resolve the issue as outlined in the ASO phone script. ASO will also advise the caller that a recertification appointment/recertification packet cannot be provided to them until the issue is resolved.

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HCA Responsibilities

CMS MAIL-IN PACKET ASSEMBLY

HCA staff will be responsible for assembling and providing ASO the assembled recertification mail-in packets upon request.

The table below lists all of the forms included in the mail-in packet.

Form #	Title
CMS 101A/ CMS 101A(SP)	CMS Recertification Cover Letter
CMS 101/CMS 101(SP)	CMS Mail-in Recertification Form
CMS-15/CMS-15(SP)	CMS Rights and Responsibilities of Applicants
CMS-23/CMS-23(SP)	CMS Coverage Information
CMS-007/CMS-007(SP)	CMS General Property Limitations
CMS-99/CMS-99 (SP)	CMS Credit Check Authorization
CMS-01/CMS-01 (SP)	CMS Hardship Application
CMS-106/CMS-106 (SP)	CMS Reimbursement Agreement
CMS-107/CMS-107(SP)	Image Verification Checklist
HCPA 14-187/HCPA 14-187(SP)	Authorization for Release of Information
20-46 HHSA	Language Needs Determination
CMS-109/CMS-109(SP)	Informational Notice: The County's Legal Right and Limitations on Repayment
CMS Health Plan NPP-002/ CMS Health Plan NPP-002(SP)	CMS Notice of Privacy Practices

IMPORTANT: The Recertification/Mail-in self-addressed postage-paid return 6.5" x 9.5" envelope shall be included in all mail-in packets.

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Recording Receipt of CMS Mail-In Packet

The table below shows the actions HCA staff must take when the recertification mail-in packet is received.

Step	Action
1	Date stamp the "County Use Only/Date Form Received" section located at the top of the CMS Mail-in Recertification Form.
2	Initiate and establish the application date in the CMS IT system by entering the applicant's application data. The application date is the date the recertification packet is received by the County. An electronic case will need to be created for applicants new to the CMS IT system. Refer to MPG Article A-2-3D(1), A-2-2E(1a) and A-2-2E(1c).
3	Assign the application to an eligibility worker the day the recertification form is received for processing.
4	Clear applicant in MEDS, CalWIN and IDX systems for eligibility information and comments. Upload screen shots into the CMS IT system.
5	Scan the application, forms and verifications into the CMS IT system.
6	Place mail-in application in file cabinet under "pending files" pending case disposition.

Recording Receipt of CMS Mail-In Packet Returned by U.S. Postal Service

The table below shows the actions HCA staff must take when the recertification mail-in packet is returned by the U.S. Postal Service as "Non-Deliverable" or for "No Such Number", etc.

Step	Action
1	Date stamp the recertification packet.
2	Identify applicant in IDX by name and address noted on the envelope returned by the Postmaster.
3	Initiate and establish the application date in the CMS IT system by entering the applicant's application data. The application date is the date the recertification packet is received by the County. An electronic case will need to be created for applicants new to the CMS IT system. Refer to MPG Article A-2-3D(1) and A-2-2E(1e).

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Recording Receipt of CMS Mail-In Packet Returned by U.S. Postal Service (continued)

Step	Action
4	Scan envelope, cover letter and make an entry in the CMS IT system comments section the recertification packet was returned by Postmaster.
5	Complete Registration Information (CMS-4) form. Note on the Comments section that mail-in recertification packet was returned, the reason why it was returned, and send the CMS-4 to ASO at mail stop 0557-B. (Example: "Mail-in app dated 8/28/08 cancelled-mail returned for "attempted unknown"). ASO Data Entry will input the information from the CMS-4 to the patient's comment section on IDX.
6	Cancel application in the CMS IT system.
7	Shred cover letter and envelope.

HSS Required Action

The table below shows the actions the HSS eligibility worker must take for the recertification evaluation.

Step	Action
1	Review IDX for eligibility information and comments, MEDS and CalWIN print screens to see if applicant has complied in applying for, or needs to be referred for any unconditionally available income or other program requirement, if applicable. Applicant will not be recertified until he/she has complied with all CMS program requirements.
2	Retrieve mail-in application from file cabinet labeled "pending files" and review the information on the forms to determine whether there are any reported changes in the household that may affect eligibility.
3	Verify that all verifications/documents are provided to evaluate for CMS as described in MPG Article A Sections 2 and 13. Coverage Initiative eligibility will <u>not</u> be evaluated during the CMS mail-in recertification process. NOTE: If a US Citizen beneficiary had not previously provided proof of US Citizenship, it must now be obtained.

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HSS Required Action (continued)

Step	Action
4	If potentially linked to disability based Medi-Cal, the worker will print the MC210 and CMS-5 from the CMS IT system. Specify retro months are needed on the MC210 and on the CMS-5. Complete SAWS-1 and Informing Notice HHSA:CMS-34F. Mail CMS-34F, MC210, CMS-5 and SAWS-1 to applicant directing them to apply for disability linked Medi-Cal. Scan CMS-34F, CMS-5 and SAWS-1 into system and narrate action in comments.
5	Approve or deny CMS benefits as appropriate. Notices of Action (NOA) will be issued as described in MPG Article A Section 8. The CMS Patient Handbook, CMS Medical/Dental Need Form (CMS-127), and the CMS Medical Identification card will be issued as described in MPG Article A, Section 2, as appropriate.
6	Mail original forms/documents back to the applicant for their record. Shred all remaining forms.

NOTE: Eligibility and/or all form requirements have not changed with the mail-in recertification process. The case file must contain adequate information with supportive documentation to verify an individual's eligibility.

Mail-In Packet Received when Certification Period has Expired in Excess of One Month

If the mail-in packet is received after the certification period has expired in excess of one (1) month and good cause is not determined for the late filing, the worker will deny the application.

The worker will use "Other" and write in "Recert mail-in packet not received timely-You may apply for CMS at any time." as the denial reason. Application is now considered a reapplication and applicant will be required to call the Eligibility Appointment Line to schedule an appointment for a face-to-face eligibility interview.

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Mail-In Packet Received when Certification Period has Expired in Excess of One Month (continued)

The table below shows the actions the worker must take when denying case:

Step	Action
1	Deny application, check the box for “other” on the CMS Denial Notice (NOA) CMS-39D and write the denial reason.
2	Note in comment section the date the mail-in packet was sent by ASO, date packet was received by the County and denial reason.
3	Scan and save the original forms and verification/documentation into the CMS IT system.
4	Mail original verification/documentation back to the applicant for their record. Shred all remaining forms.

Incomplete Verification/Form Requests

Instructions for when the applicant reports information on the mail-in form but fails to provide verifications and/or incomplete forms when the recertification packet is returned timely are as follows:

If ...	Then the worker must...
Verification/forms are incomplete/missing,	Use the standard ten-ten (10/10) timeline for providing requested verifications and/or complete forms.
Requested information is not returned within the standard ten-ten (10/10) timeline and good cause is not determined,	Deny application for failure to provide and any other applicable denial reason(s).
Requested information is not returned within the standard ten-ten (10/10) timeline and good cause is determined,	Allow additional time if it appears that the applicant is making a good faith effort to obtain the verifications, and/or the delay is beyond the applicant's control. The contact with the applicant and the worker decision must be documented in the case record. If an extended period is allowed and verifications are not provided by the deadline, deny application for failure to provide.

NOTE: Verification requirements have not changed with the mail-in recertification process.

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Forms Impact

The table shows the new/revised forms affected by this letter.

Form #	Title	Change	Attachment
CMS-101A	CMS Recertification Cover Letter	New	A
CMS-101A (SP)	CMS Recertification Cover Letter (Spanish)	New	B
CMS-101	CMS Mail-in Recertification Form	New	C1-C2
CMS-101 (SP)	CMS Mail-in Recertification Form (Spanish)	New	D1-D2
CMS-39A	CMS Approval Notice of Action	Revised	E
CMS-39A (SP)	CMS Approval Notice of Action (Spanish)	Revised	F
CMS-34F	CMS Informing Letter	New	G
CMS-34F (SP)	CMS Informing Letter	New	H

All forms will be available in iWAY to be ordered directly.

Automation Impact

All application data, any documentation and/or forms completed by worker or applicant must be scanned and saved into the CMS IT System.

Quality Assurance Impact

Effective with the October 2008 review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements of this letter.

Summary of Changes

The table below shows the changes made to Article A of the Medi-Cal Program Guide (MPG).

Article/Section	Changes
Article A, Section 9	HHSA:CMS-101A/HHSA:CMS-101A (SP); HHSA:CMS-101/HHSA:CMS-101(SP); and HHSA:CMS-34F/HHSA:CMS-34F(SP) added to the list of CMS forms.
Article A, Section 14	New section on CMS Mail-in Recertification added to Article A.

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Filing Instructions

The table below shows how to file the MPG material.

Action	Pages
Remove	Article A-9-1 through A-9-3
Replace	Article A-9-1 through A-9-3
Add	Article A, Section 14 TOC page i and A-14-1 through A-14-5.

Important Note

The MPG is available in its entirety on the County Intranet by accessing <http://hhsa.intranet.co.san-diego.ca.us/manuals/mpg/index.html>. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

Managers Approval

ORIGINAL SIGNED BY:

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